GROUP OUTREACH & EDUCATION FORM							
* Items marked with	asterisk (*) indica	te required fi	ields				
MIPPA Event *:	□ Yes	□ No					
Send to SMP:	□Yes	□No	SIRS eFil	le ID: ed if sending record t	to SMP)		
Event Details *							
Session Conducted By *:				Partner Organization	n Affiliation*:		
Total Time Spent on Event *:				Title of Interaction *	*.		
HoursMinutes			_Minutes		·		
Number of Attendees *:				Type of Event * (sel Booth/Exhibit (He Enrollment Event	lect only one): ealth Fair, Senior Fair or Community Event)		
Start Date of Activity	ķ.			☐ Interactive Present	tation to Public (In-Person, Video		
Start Date of Activity *:				Conference, Web-	based Event, Teleconference)		
Event Location *							
State of Event * : Zip Code of Event * :							
County of Event *:				-			
Event Contact Information							
Event Contact First Na	me:			Event Contact Phone	e:		
Event Contact Last Name:				Event Contact Emai	1:		
Intended Audience * (multiple selections allowed):							
□ Beneficiaries □ Limited-English Pro □ Employer-Related Groups □ Medicare Pre-Enrol □ Family Members/Caregivers □ Partner Organization			e Pre-Enroll	lees	People with DisabilitiesRural BeneficiariesOther		
Target Beneficiary Group * (multiple selections allowed):							
□ Asian	Black or African American			_	□ Rural□ N/A□ Not Collected□ Other		
Topics Discussed * (multiple selections allowed):							
 □ Duals Demonstration □ Extra Help/LIS □ General SHIP Program Information □ Long-Term Care Insurance □ Medicare Savings □ Medigap or Suppl □ Original Medicare 			are Part D are Savings ap or Supple	Program emental Insurance	 Other Prescription Drug Coverage Partnership Recruitment Preventive Services Volunteer Recruitment Other 		
			(Continu	ed on p.2)			

Special Use Fields	
Field 1:	
Field 2:	
Field 3:	
Field 4:	
Field 5:	
Notes	